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## BIB DATA SHEET

CONFIRMATION NO. 7964

<b>SERIAL NUMBER</b> 10/656,592	<b>FILING or 371(c) DATE</b> 09/04/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> ILIFF.2CPICICID		
<b>APPLICANTS</b> Edwin C. Iliff, La Jolla, CA;						
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/924,216 08/07/2001 PAT 6,641,532 which is a CON of 09/326,971 06/07/1999 PAT 6,270,456 which is a CON of 08/893,402 07/11/1997 PAT 5,935,060 which claims benefit of 60/021,614 07/12/1996 and claims benefit of 60/021,615 07/12/1996						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/29/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/Robert L Nasser JR/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance RN Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 20	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM UTILIZING LIST-BASED PROCESSING						
<b>FILING FEE RECEIVED</b> 634	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		